

WorkForce West Virginia



Claimant Information

Welcome to the Claimant Information page. All of your information for this current year is below. If you have any questions about payments, balances, or for information on previous weeks filed, contact your local claim office during normal business hours.

Unemployment

Your Benefit Information

You were last paid for the week ending **06/03/2017**. A payment was processed on **06/06/2017** and should be available within 2 - 3 business days. *Note: Business days do not include weekends and holidays.*

Your benefit year ends **05/12/2018**. Your balance is **\$7,944.00**.

PLEASE NOTE: The latest calendar year 1099-G information is not yet available. Please check back after January 29th.

In Calendar Year **N/A**, West Virginia paid you **N/A** in unemployment compensation benefits.

Your Benefit History

Claim Date	Pay Date	Pay Amount	Earnings Amount	Child Sup. Amount	Tax Amount	Offset Amount	Disqualify	Pay Comment
06/03/2017	06/06/2017	\$298.00	\$0.00	\$0.00	\$33.00	\$0.00	N/A	Paid for week
05/27/2017	06/02/2017	\$298.00	\$0.00	\$0.00	\$33.00	\$0.00	N/A	Paid for week
05/20/2017		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	Due to being used as the waiting week, the week could not be paid.

WorkForce West Virginia



Eligibility Information

You are potentially eligible for a weekly benefit amount of **\$331.00** based on your reported West Virginia wages which were paid during the period beginning **01/01/2016** to **12/31/2016**.

Print

Exit



P4 - S1



TOTAL CHECKING (...5128)

LOG OFF

WORKFORCE WV UI BENEFIT PPD ID:

Jun 07, 2017

\$371.49

\$298.00

STOLER_PENNYMAC_000873

CDI
CORP**2016 W-2 and EARNINGS SUMMARY**

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, Other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
GROSS PAY	33,146.10	33,146.10	33,146.10
STF Tuft	-1,806.00	-1,806.00	-1,806.00
MED 125	-1,270.10	-1,270.10	-1,270.10
DEN 125	-251.42	-251.42	-251.42
VISION	-62.92	-62.92	-62.92

W-2 WAGES 29,755.66 29,755.66 29,755.66

JESSICA STOLER
2122 21ST ST
NITRO, WV 25143

Social Security Number [REDACTED]
Tax filing Marital Status
Married
Exemptions/Allowances
(continued)

STOLER_PENNYMAC_000874

Employee Reference Copy	
W-2 Wage and Tax Statement 2016	
1. Employer's name (not for CDI CORPORATION)	2. EIN 2283
3. Employer's name, address, and ZIP code CDI CORPORATION 925 LAKEVIEW DR SUITE D CROSS LANES WV 25313	
4. Employee's name, address, and ZIP code JESSICA STOLER 2122 21ST ST NITRO WV 25143	
5. Employee's Social Security Number 23-1341909	6. Employer's Social Security Number [REDACTED]
7. Wages, tips, other compensation 29755.66	8. Federal income tax withheld 1310.62
9. Social security wages 29755.66	10. Social security tax withheld 1844.85
11. Medicare wages and tips 29755.66	12. Medicare tax withheld 431.48
13. Social security tips	14. Alternative tax
15. Nonqualified plans	16. Dependents and beneficiaries DDI 5433 12
17. Other	18. State and local income tax withheld
19. State and local income tax paid	20. State and local income tax refund

CDI Corporation
 125 Lakeview Dr.
 Suite D
 Cross Lanes, WV 25113

Earnings Statement

Employee Name: JESSICA STOLER
 Address: 2122 21ST ST
 Nitro, WV 25143-0000

Service	Rate	Hours	This Period	Year-to-Date
101 101 2	12.00	40	480.00	1920.00
101 101 40	12.00	40	480.00	3840.00
101 101 1	12.00	40	480.00	5760.00
101 101 1	12.00	40	480.00	7680.00
101 101 1	12.00	40	480.00	9600.00
101 101 1	12.00	40	480.00	11520.00
101 101 1	12.00	40	480.00	13440.00
101 101 1	12.00	40	480.00	15360.00
101 101 1	12.00	40	480.00	17280.00
101 101 1	12.00	40	480.00	19200.00
101 101 1	12.00	40	480.00	21120.00
101 101 1	12.00	40	480.00	23040.00
101 101 1	12.00	40	480.00	24960.00
101 101 1	12.00	40	480.00	26880.00
101 101 1	12.00	40	480.00	28800.00
101 101 1	12.00	40	480.00	30720.00
101 101 1	12.00	40	480.00	32640.00
101 101 1	12.00	40	480.00	34560.00
101 101 1	12.00	40	480.00	36480.00
101 101 1	12.00	40	480.00	38400.00
101 101 1	12.00	40	480.00	40320.00
101 101 1	12.00	40	480.00	42240.00
101 101 1	12.00	40	480.00	44160.00
101 101 1	12.00	40	480.00	46080.00
101 101 1	12.00	40	480.00	48000.00
101 101 1	12.00	40	480.00	49920.00
101 101 1	12.00	40	480.00	51840.00
101 101 1	12.00	40	480.00	53760.00
101 101 1	12.00	40	480.00	55680.00
101 101 1	12.00	40	480.00	57600.00
101 101 1	12.00	40	480.00	59520.00
101 101 1	12.00	40	480.00	61440.00
101 101 1	12.00	40	480.00	63360.00
101 101 1	12.00	40	480.00	65280.00
101 101 1	12.00	40	480.00	67200.00
101 101 1	12.00	40	480.00	69120.00
101 101 1	12.00	40	480.00	71040.00
101 101 1	12.00	40	480.00	72960.00
101 101 1	12.00	40	480.00	74880.00
101 101 1	12.00	40	480.00	76800.00
101 101 1	12.00	40	480.00	78720.00
101 101 1	12.00	40	480.00	80640.00
101 101 1	12.00	40	480.00	82560.00
101 101 1	12.00	40	480.00	84480.00
101 101 1	12.00	40	480.00	86400.00
101 101 1	12.00	40	480.00	88320.00
101 101 1	12.00	40	480.00	90240.00
101 101 1	12.00	40	480.00	92160.00
101 101 1	12.00	40	480.00	94080.00
101 101 1	12.00	40	480.00	96000.00
101 101 1	12.00	40	480.00	97920.00
101 101 1	12.00	40	480.00	99840.00
101 101 1	12.00	40	480.00	101760.00
101 101 1	12.00	40	480.00	103680.00
101 101 1	12.00	40	480.00	105600.00
101 101 1	12.00	40	480.00	107520.00
101 101 1	12.00	40	480.00	109440.00
101 101 1	12.00	40	480.00	111360.00
101 101 1	12.00	40	480.00	113280.00
101 101 1	12.00	40	480.00	115200.00
101 101 1	12.00	40	480.00	117120.00
101 101 1	12.00	40	480.00	119040.00
101 101 1	12.00	40	480.00	120960.00
101 101 1	12.00	40	480.00	122880.00
101 101 1	12.00	40	480.00	124800.00
101 101 1	12.00	40	480.00	126720.00
101 101 1	12.00	40	480.00	128640.00
101 101 1	12.00	40	480.00	130560.00
101 101 1	12.00	40	480.00	132480.00
101 101 1	12.00	40	480.00	134400.00
101 101 1	12.00	40	480.00	136320.00
101 101 1	12.00	40	480.00	138240.00
101 101 1	12.00	40	480.00	140160.00
101 101 1	12.00	40	480.00	142080.00
101 101 1	12.00	40	480.00	144000.00
101 101 1	12.00	40	480.00	145920.00
101 101 1	12.00	40	480.00	147840.00
101 101 1	12.00	40	480.00	149760.00
101 101 1	12.00	40	480.00	151680.00
101 101 1	12.00	40	480.00	153600.00
101 101 1	12.00	40	480.00	155520.00
101 101 1	12.00	40	480.00	157440.00
101 101 1	12.00	40	480.00	159360.00
101 101 1	12.00	40	480.00	161280.00
101 101 1	12.00	40	480.00	163200.00
101 101 1	12.00	40	480.00	165120.00
101 101 1	12.00	40	480.00	167040.00
101 101 1	12.00	40	480.00	168960.00
101 101 1	12.00	40	480.00	170880.00
101 101 1	12.00	40	480.00	172800.00
101 101 1	12.00	40	480.00	174720.00
101 101 1	12.00	40	480.00	176640.00
101 101 1	12.00	40	480.00	178560.00
101 101 1	12.00	40	480.00	180480.00
101 101 1	12.00	40	480.00	182400.00
101 101 1	12.00	40	480.00	184320.00
101 101 1	12.00	40	480.00	186240.00
101 101 1	12.00	40	480.00	188160.00
101 101 1	12.00	40	480.00	190080.00
101 101 1	12.00	40	480.00	192000.00
101 101 1	12.00	40	480.00	193920.00
101 101 1	12.00	40	480.00	195840.00
101 101 1	12.00	40	480.00	197760.00
101 101 1	12.00	40	480.00	199680.00
101 101 1	12.00	40	480.00	201600.00
101 101 1	12.00	40	480.00	203520.00
101 101 1	12.00	40	480.00	205440.00
101 101 1	12.00	40	480.00	207360.00
101 101 1	12.00	40	480.00	209280.00
101 101 1	12.00	40	480.00	211200.00
101 101 1	12.00	40	480.00	213120.00
101 101 1	12.00	40	480.00	215040.00
101 101 1	12.00	40	480.00	216960.00
101 101 1	12.00	40	480.00	218880.00
101 101 1	12.00	40	480.00	220800.00
101 101 1	12.00	40	480.00	222720.00
101 101 1	12.00	40	480.00	224640.00
101 101 1	12.00	40	480.00	226560.00
101 101 1	12.00	40	480.00	228480.00
101 101 1	12.00	40	480.00	230400.00
101 101 1	12.00	40	480.00	232320.00
101 101 1	12.00	40	480.00	234240.00
101 101 1	12.00	40	480.00	236160.00
101 101 1	12.00	40	480.00	238080.00
101 101 1	12.00	40	480.00	240000.00
101 101 1	12.00	40	480.00	241920.00
101 101 1	12.00	40	480.00	243840.00
101 101 1	12.00	40	480.00	245760.00
101 101 1	12.00	40	480.00	247680.00
101 101 1	12.00	40	480.00	249600.00
101 101 1	12.00	40	480.00	251520.00
101 101 1	12.00	40	480.00	253440.00
101 101 1	12.00	40	480.00	255360.00
101 101 1	12.00	40	480.00	257280.00
101 101 1	12.00	40	480.00	259200.00
101 101 1	12.00	40	480.00	261120.00
101 101 1	12.00	40	480.00	263040.00
101 101 1	12.00	40	480.00	264960.00
101 101 1	12.00	40	480.00	266880.00
101 101 1	12.00	40	480.00	268800.00
101 101 1	12.00	40	480.00	270720.00
101 101 1	12.00	40	480.00	272640.00
101 101 1	12.00	40	480.00	274560.00
101 101 1	12.00	40	480.00	276480.00
101 101 1	12.00	40	480.00	278400.00
101 101 1	12.00	40	480.00	280320.00
101 101 1	12.00	40	480.00	282240.00
101 101 1	12.00	40	480.00	284160.00
101 101 1	12.00	40	480.00	286080.00
101 101 1	12.00	40	480.00	288000.00
101 101 1	12.00	40	480.00	289920.00
101 101 1	12.00	40	480.00	291840.00
101 101 1	12.00	40	480.00	293760.00
101 101 1	12.00	40	480.00	295680.00
101 101 1	12.00	40	480.00	297600.00
101 101 1	12.00	40	480.00	299520.00
101 101 1	12.00	40	480.00	301440.00
101 101 1	12.00	40	480.00	303360.00
101 101 1	12.00	40	480.00	305280.00
101 101 1	12.00	40	480.00	307200.00
101 101 1	12.00	40	480.00	309120.00
101 101 1	12.00	40	480.00	311040.00
101 101 1	12.00	40	480.00	312960.00
101 101 1	12.00	40	480.00	314880.00
101 101 1	12.00	40	480.00	316800.00
101 101 1	12.00	40	480.00	318720.00
101 101 1	12.00	40	480.00	320640.00
101 101 1	12.00	40	480.00	322560.00
101 101 1	12.00	40	480.00	324480.00
101 101 1	12.00	40	480.00	326400.00
101 101 1	12.00	40	480.00	328320.00
101 101 1	12.00	40	480.00	330240.00
101 101 1	12.00	40	480.00	332160.00
101 101 1	12.00	40	480.00	334080.00
101 101 1	12.00	40	480.00	336000.00
101 101 1	12.00	40	480.00	337920.00
101 101 1	12.00	40	480.00	339840.00
101 101 1	12.00	40	480.00	341760.00
101 101 1	12.00	40	480.00	343680.00
101 101 1	12.00	40	480.00	345600.00
101 101 1	12.00	40	480.00	347520.00
101 101 1	12.00	40	480.00	349440.00
101 101 1	12.00	40	480.00	351360.00
101 101 1	12.00	40	480.00	353280.00
101 101 1	12.00	40	480.00	355200.00
101 101 1	12.00	40	480.00	357120.00
101 101 1	12.00	40	480.00	359040.00
101 101 1	12.00	40	480.00	360960.00
101 101 1	12.00	40	480.00	362880.00
101 101 1	12.00	40	480.00	364800.00
101 101 1	12.00	40	480.00	366720.00
101 101 1	12.00	40	480.00	368640.00
101 101 1	12.00	40	480.00	370560.00
101 101 1	12.00	40	480.00	372480.00
101 101 1	12.00	40	480.00	374400.00
101 101 1	12.00	40	480.00	376320.00
101 101 1	12.00	40	480.00	378240.00
101 101 1	12.00	40	480.00	380160.00
101 101 1	12.00	40	480.00	382080.00
101 101 1	12.00	40	480.00	384000.00
101 101 1	12.00	40	480.00	385920.00
101 101 1	12.00	40	480.00	387840.00
101 101 1	12.00	40	480.00	389760.00
101 101 1	12.00	40	480.00	391680.00
101 101 1	12.00	40	480.00	393600.00
101 101 1	12.00	40	480.00	395520.00
101 101 1	12.00			

Loan #

800-947-1421

Mortgage Assistance Application**IMPORTANT** – All sections/fields of the application must be complete. Use "0" or "N/A" if a category doesn't apply to you.

- ALL borrowers on the Note/Loan must provide application information and supporting documentation.
- If you are not on the Note/Loan and are completing this application, provide a detailed explanation and relevant documents. (For example: Divorce Decree, Death Certificate and Probate documents, recorded Quitclaim Deed)

For additional foreclosure prevention information and assistance, including a list of HUD-approved housing counselors, contact:

- The US Department of Housing and Urban Development at (800) 569-4287 or www.hud.gov/counseling.
- Homeowners' HOPE Hotline (888) 995-HOPE – Call this hotline and let a HUD-approved housing counselor help you understand your options, prepare your application, and help you work with PennyMac to complete your paperwork.

5178

Borrower InformationBorrower's name: Jessica Stoler

Co-Borrower's name: _____

Social Security Number (last 4 digits): _____

Social Security Number (last 4 digits): _____

Daytime phone number: 304 989 0516

Daytime phone number: _____

Alternate phone number: _____

Alternate phone number: _____

E-mail address: jessica.early@yahoo

E-mail address: _____

Preferred contact method: ☒ Phone ☒ Email ☐ Text

* By providing your cell phone number(s), you are giving PennyMac, and companies working on its behalf, permission to contact you at this number about any PennyMac account. Your consent permits the use of text messaging, artificial or prerecorded voice messages and automatic dialing technology. Message and data rates may apply. You may contact us at any time to change these preferences.

Is any borrower an active duty service member, the dependent of an active duty service member, or the surviving spouse or dependent of a service member, who was on active duty at the time of death? ☐ Yes ☒ No

Are you working with a 3rd party that's authorized to speak on your behalf during the modification review process? ☐ Yes ☒ No

If yes, provide: Name _____ Phone Number: _____

E-mail address: _____

Property InformationProperty Address: 2122 21st St.

Mailing address (if different from property address): _____

The property is currently: ☒ A primary residence ☐ A second home ☐ An investment property

The property is (select all that apply): ☐ Owner occupied ☐ Renter occupied ☐ Vacant

Number of people in household: _____

Borrower's preference: ☐ Keep the property ☐ Sell or transfer the property ☐ Undecided

Is the property listed for sale? ☐ Yes ☒ No; if yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: _____

Is the property subject to condominium or homeowners association (HOA) fees? ☐ Yes ☒ No. If yes, provide the most recent account statement and indicate dues and frequency: \$ _____ ☐ Monthly ☐ Quarterly ☐ Annually

NOTE: If your homeowners insurance is not included in your mortgage payment, include a copy of your insurance declaration page.

Hardship Information

Hardship is defined as a decrease in income or an increase in expenses that make it difficult for you to afford your mortgage payments. Answering the following questions will help us better assess your financial hardships and determine what relief options are right for you.

The hardship causing mortgage payment challenges began on approximately (date) 4-1-17 and is believed to be:

☐ Short-term (up to 6 months) ☒ Long-term or permanent (greater than 6 months) ☐ Resolved as of (date) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input checked="" type="checkbox"/> Unemployment	<ul style="list-style-type: none"> A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits
<input checked="" type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	Documentation to show decreased income. For example: <ul style="list-style-type: none"> Paystubs before and after hardship date reflecting decrease in income Lay Off/Separation Notice from employer Loss of child support or alimony benefits
<input type="checkbox"/> Increase in expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, increased mortgage payment, HOA special assessment), OR increase of personal expenses	Documentation to support the increased expense. For example: <ul style="list-style-type: none"> Uninsured home repairs Car repairs Medical bills/receipts (do not provide medical records or details of your illness/disability)
<input type="checkbox"/> Long-term or permanent disability, serious illness of a borrower/co-borrower or dependent family member	Do not provide medical records or details of your illness/disability <ul style="list-style-type: none"> If you are experiencing a reduction in income due to disability or illness, provide documentation to show the income change (before and after the reduction) If you are experiencing increased expenses due to disability or illness, provide bills or other documentation that show expense amounts and duration
<input type="checkbox"/> Disaster (natural or man-made) impacting the property, the customer's place of employment, or the property/employment of any other applicable party.	<ul style="list-style-type: none"> Insurance claim documentation, OR FEMA grant or Small Business Administration loan documents, OR Customer or employer property in federally-declared disaster area
<input checked="" type="checkbox"/> Divorce or legal separation; Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law <i>Note: all borrowers of record may still be required to sign any modification agreement</i>	<ul style="list-style-type: none"> Final divorce decree or final separation agreement Recorded quitclaim deed Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Business failure	<ul style="list-style-type: none"> Tax returns from previous year (all schedules) or IRS Form 4506-T(*), Most recent signed and dated quarterly or year-to-date profit and loss statement * IRS Form 4506-T can be obtained from our web-site (pennymacusa.com) or the IRS website (www.irs.gov/pub/irs-pdf/f4506t.pdf)
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> Death certificate or other evidence of death
<input type="checkbox"/> Distant employment transfer / relocation	<ul style="list-style-type: none"> Proof of transfer OR Military Permanent Change of Station (PCS)
<input type="checkbox"/> Other - hardship that is not covered above: (Attach an additional page if needed)	<ul style="list-style-type: none"> Any relevant documentation to support your hardship not covered above. Hardship is defined as a decrease in income or an increase in expenses.

Household Income

MONTHLY TOTAL HOUSEHOLD INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Are you receiving any form of income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (see "required income documentation")	Borrower 	Co-Borrower or Income Contributor
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses <i>If you're a teacher, indicate the number of months you are paid: _____</i>	\$ <u>3580.00</u> <u>WEEKLY</u>	<ul style="list-style-type: none"> Include paystubs reflecting the most recent 30 days, or four weeks, of earnings for all employers and Documentation reflecting year-to-date earnings, if not reported on the paystubs (signed letter or print out from employer) USDA loans (Rural Housing) also require your most recent W2 or form IRS Form 4506-T (* see below)
Self-employment income * 4506-T can be obtained from our website (pennymacusa.com) or IRS website (www.irs.gov/pub/irs-pdf/f4506t.pdf)	\$ _____	\$ _____
Unemployment income	\$ <u>331.00</u> <u>weekly</u>	\$ _____
Social Security, pension, disability, death benefits, adoption assistance, housing allowance; other public assistance	\$ _____	\$ _____
Rental income (Rents received, less expenses other than mortgage) <i>If taxes, insurance and HOA are not included in your mortgage, provide copies of most recent bill(s)</i>	\$ _____	\$ _____
Investment or insurance income	\$ _____	\$ _____
Other income (You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered as income for your loan assistance request)	\$ _____	\$ _____

Household Assets – excluding retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts, such as a 529 plan.

Checking account(s) and cash on hand Savings, money market funds, and Certificates of Deposit (CDs)	\$ <u>16.00</u>
Stocks and bonds (non-retirement accounts), Other (e.g. other real estate you own):	\$ _____

Recent Employment Information

Provide prior 12 months of employment (VA loans require 24 months). Attach an additional page if needed.

BORROWER		CO-BORROWER	
Are you currently employed? (Y/N) <u>(Y)</u>	Are you self-employed? (Y/N) <u>(N)</u>	Are you currently employed? (Y/N)	Are you self-employed? (Y/N)
Current/Most recent employer name: <u>CPI Corp</u>		Current/Most recent employer name:	
Business Address: <u>125 Lakewood Dr</u>		Business Address:	
Business Phone #: <u>304-776-3834</u>		Business Phone #:	
Monthly Income (before tax): \$ <u>2500</u>		Monthly Income (before tax): \$	
Start Date (MM/DD/YY): <u>11/2</u>	End Date (MM/DD/YY): <u>5/17</u>	Start Date (MM/DD/YY):	End Date (MM/DD/YY):
Prior Employer Name:		Prior Employer Name:	
Business Address:		Business Address:	
Business Phone #:		Business Phone #:	
Monthly Income (before tax): \$		Monthly Income (before tax): \$	
Start Date (MM/DD/YY):	End Date (MM/DD/YY):	Start Date (MM/DD/YY):	End Date (MM/DD/YY):

Expense Information

Provide monthly amounts below. (We may require supporting documentation.)

Expense Category	N/A	Monthly Payment
Child Care		\$
Personal Loans		\$
Gas for home		\$ <u>20.</u>
Water and Electric		\$ <u>200.</u>
Home Phone		\$
Cell Phone		\$
Cable		\$
Internet		\$
Trash		\$

Expense Category (cont)	N/A	Monthly Payment
Sewer		\$ <u>50.</u>
Auto Gas		\$
Auto Insurance		\$
Uninsured Medical Expenses		\$
Life Insurance (not deducted from paycheck)		\$
Health Insurance (not deducted from paycheck)		\$
Child Support		\$
Alimony		\$
Other (specific)		\$

Acknowledgment and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I may be required to provide additional supporting documentation. I will provide all requested documents no later than the due date specified in the document request.
3. PennyMac will use the information I am providing to determine if I'm eligible for mortgage assistance, but PennyMac isn't obligated to offer me assistance based solely on the statements in this or any other document I've sent as part of this request.
4. PennyMac or its authorized agents may obtain a current credit report for me.
5. I consent to the disclosure by PennyMac, and its authorized agents, of any of my personal information collected during the mortgage assistance process and information about any relief I receive, to any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them. Personal information may include, but is not limited to: (a) my name, address, telephone number; (b) my Social Security number; (c) my credit score; (d) my income; and (e) my payment history and information about my account balances and activity.
6. The property securing the mortgage for which I'm requesting assistance is able to be lived in and hasn't been or isn't at risk of being condemned.
7. If I, or someone on my behalf, has submitted a Fair Debt Collection Practices Act Cease and Desist notice to PennyMac, I withdraw that notice and understand that PennyMac must contact me throughout the mortgage assistance process.
8. If I'm eligible for an assistance option that requires an escrow account to pay property taxes and/or hazard insurance and my loan didn't have one, PennyMac may establish one to make tax and/or insurance payments on my behalf.
9. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to PennyMac or its authorized agents.
10. I understand that if I have misrepresented any fact(s) in connection with this document, PennyMac may cancel any Agreement, proceed with foreclosure on my home, and/or pursue any other available legal remedies.

Borrower signature: _____

Stoller

Date: _____

6-8-17

Co-Borrower signature: _____

Date: _____

Non-Borrower (Income Contributor) Authorization Form (If indicated on Income page)

The undersigned Non-Borrower authorizes PennyMac Loan Services, LLC to obtain, share, and release, as provided above, his/her public and non-public personal information including (but not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Non-Borrower.

I reside in the home at _____ and request my income be included in the review for a modification on the loan secured by the property address that is the subject of this application for mortgage assistance. I consent to allow PennyMac or its authorized agents to order a current credit report for me in connection with this application for mortgage assistance.

_____/	_____/	_____/	_____/	_____/	_____/
Name	Relationship to Borrower	Social Security Number	Contribution Amount	Signature	Date

_____/	_____/	_____/	_____/	_____/	_____/
Name	Relationship to Borrower	Social Security Number	Contribution Amount	Signature	Date

my boyfriend resides in the home but can't sign above due to hospitalization for two months. See documents following

Leave Claim # 15503035

² Reference to your employer extends to Aetna in its capacity as your employer's third party administrator.

SECTION II: For Completion by the HEALTH CARE PROVIDER:

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient, referred to here as "the employee," has requested leave under the FMLA. Please answer all applicable sections fully and completely. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the employee. Be as specific as you can; terms such as "as medically necessary," "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. *Please limit your responses to the condition for which the employee is seeking leave*, and be sure to sign the form on the last page.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Employee's Name: William Withrow
 Provider's name and business address: Pulmonary Associates of
Chas.
 Type of practice / Medical specialty: Critical Care
 Telephone: (304) 400-4545 Fax: ()

PART A: MEDICAL FACTS

1. Please provide the following information regarding the employee's medical condition.

Approximate date condition commenced: 4/16/17

Probable duration of condition: ~ more year

Mark below as applicable:

Was the employee admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☐ No ☒ Yes

If yes, dates of admission and duration of stay:

4/16/17 to now (still adm. Hnd)

Date(s) you treated the employee for the condition requiring leave: Whitebreaker

Most recent date of treatment by you or another provider: 5/17/17

Will the employee need to have treatment visits at least twice per year due to the condition? ☐ No ☒ Yes

Will the employee need to be treated again in the future for this condition? Please provide dates of any such treatments that have been scheduled, or, if no future treatments have been scheduled, please indicate when and how often they will be needed.

Yes.

Has medication, other than over-the-counter medication, been prescribed? ☐ No ☒ Yes

Has the employee been referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? ☒ No ☐ Yes

2. Is the medical condition pregnancy? ☒ No ☐ Yes

If so, expected delivery date: _____

3. Use the information provided by the employer, if available, to answer these questions. If the employer has not provided a list of the employee's essential functions or a job description, please answer these questions based upon the employee's own description of his or her job functions.

Is the employee unable to perform any of his or her job functions due to the condition? ☐ No ☒ Yes

If so, identify the job functions the employee is unable to perform:

Interaction like support, not able to
work at all.

4. If the treating provider is a chiropractor, does the treatment being provided to the employee consist of manual manipulation of the spine to correct a subluxation as demonstrated by an X-ray? ☐ No ☐ Yes
5. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Subacute respiratory failure & liver failure
on life support on the LW.

PART B: AMOUNT AND NATURE OF LEAVE NEEDED

6. When will the employee be incapacitated from work? (Please select and complete one of the options below.)

☒ From Now through 6-12 mo, with an expected return to work on Unknown.

(If the employee will also need to be absent from work intermittently due to his or her condition before or after this time period, please complete question 7. If the employee will need to work a consistently reduced number of hours due to his or her condition before or after this time period, please complete question 8.)

☐ Beginning on 4/14/19 and lasting for the following amount of time: unknown

(If the employee will also need to be absent from work intermittently due to his or her condition before or after this time period, please complete question 7. If the employee will need to work a consistently reduced number of hours due to his or her condition before or after this time period, please complete question 8.)

☒ The employee is or will be incapacitated intermittently, not for a specific timeframe: (Please complete question 7.)

☐ The employee can continue working, but will need to work a consistently reduced number of hours per day or per week. (Please complete question 8.)

Form **4506T-EZ****Short Form Request for Individual Tax Return Transcript**

OMB No. 1545-2154

(Rev. August 2014)

Department of the Treasury
Internal Revenue Service

▶ Request may not be processed if the form is incomplete or illegible.

▶ For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.

Jessica Stoler

1b First social security number or individual taxpayer identification number on tax return

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

2122 21st St. Nitro, WV 25143

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

Telephone number

Address (including apt., room, or suite no.), city, state, and ZIP code

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filed in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either spouse must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign
Here

Signature (see instructions)

Date

Phone number of taxpayer
on line 1a or 2a

Spouse's signature

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form **4506T-EZ** (Rev. 08-2014)

STOLER_PENNYMAC_000883

WorkForce West Virginia

Claimant Information

Welcome to the Claimant Information page. All of your information for this current year is below. If you have any questions about payments, balances, or for information on previous weeks filed, contact your local claim office during normal business hours.

Unemployment

Your Benefit Information

You were last paid for the week ending **06/03/2017**. A payment was processed on **06/06/2017** and should be available within 2 - 3 business days. *Note: Business days do not include weekends and holidays.*

Your benefit year ends **05/12/2018**. Your balance is **\$7,944.00**.

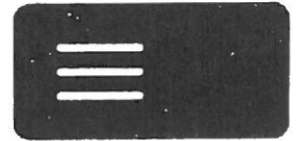
PLEASE NOTE: The latest calendar year 1099-G information is not yet available. Please check back after January 29th.

In Calendar Year **N/A**, West Virginia paid you **N/A** in unemployment compensation benefits.

Your Benefit History

Claim Date	Pay Date	Pay Amount	Earnings Amount	Child Sup. Amount	Tax Amount	Offset Amount	Disqualify	Pay Comment
06/03/2017	06/06/2017	\$298.00	\$0.00	\$0.00	\$33.00	\$0.00	N/A	Paid for week
05/27/2017	06/02/2017	\$298.00	\$0.00	\$0.00	\$33.00	\$0.00	N/A	Paid for week
05/20/2017		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	Due to being used as the waiting week, the week could not be paid.

WorkForce West Virginia



Eligibility Information

You are potentially eligible for a weekly benefit amount of **\$331.00** based on your reported West Virginia wages which were paid during the period beginning **01/01/2016** to **12/31/2016**.

Print

Exit



P4 - S1



 TOTAL CHECKING (...5128)

LOG OFF

WORKFORCE WV UI BENEFIT PPD ID: 

Jun 07, 2017

\$371.49

\$298.00

STOLER_PENNYMAC_000886

COI
Corp

2016 W-2 and EARNINGS SUMMARY

This Summary is included with your W-2 to help describe portions in more detail. The reverse side includes information that will also be helpful.

Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Employee	Reference	Copy
W-2	Wage and Tax Statement	2016
Copy C for employee's records		
d. Control number 7443020323 WNY	Dept 015018	Emp. 2283
e. Employer's name, address, and ZIP code COI CORPORATION 125 LAKEVIEW DR SUITE D CROSS LANES, WV 25313		
f. Employee's name, address, and ZIP code JESSICA STOLER 2122 21ST ST NITRO, WV 25143		
g. Employee's EIN or number 23-1341909	h. Employer's name, address, and ZIP code	
1. Wages, tips, other comp. 29755.66	2. Federal income tax withheld 1310.62	
3. Social security wages 29755.66	4. Social security tax withheld 1844.85	
5. Medicare wages and tips 29755.66	6. Medicare tax withheld 431.46	
7. Social security tips	8. Allocated tips	
9. Nonqualified plans	10. Dependent care benefits	
11. Other	12. Other	
13. Other	14. Other	

	Wages, Tips, Other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
GROSS PAY	33,146.10	33,146.10	33,146.10
STF Tuit	-1,806.00	-1,806.00	-1,806.00
NED 125	-1,270.10	-1,270.10	-1,270.10
DEN 125	-251.42	-251.42	-251.42
VISION	-62.92	-62.92	-62.92

N-2 WAGES	29,755.66	29,755.66	29,755.66
-----------	-----------	-----------	-----------

JESSICA STOLER
2122 21ST ST
NITRO, WV 25143

Social Security Number: [REDACTED]
Taxable Marital Status: Married
Exemptions/Allowances: Federal 3

STOLER_PENNYMAC_000887



CDI Corporation

CO. FILE # 000888-000300
 PCSBA 0008882329
 0150155, 1089050766, WV12

CDI Corporation
 PR Ord # 6004616-5520
 125 Lakeview Dr
 Suite D
 Cross Lanes, WV 25113

Taxable Marital Status: M

Federal: 7 Add'l: 0.00
 State (WV): 2 Add'l: 0.00
 Local: 0 Add'l: 0.00

Earnings Statement

Page: 001 of 001

Period Beginning: 03/13/2017
 Period Ending: 03/26/2017
 Advice Date: 03/30/2017
 Advice Number: 000095233
 Batch Number: 138140001

JESSICA STOLER
 2122 21ST ST
 NETRO WV 25143-0000

Earnings	Rate	Hours	This Period	Year-to-Date
STF ST TH	15.5300	80.00	1250.40	2596.10
STF FLDA1			0.00	275.17
STF BCL			0.00	250.00
STF PPO			0.00	100.16
Gross Pay			1250.40	6721.34

Deductions Statutory

Federal Withholding Tax	-34.35	-377.33
Social Security Tax	-73.64	-519.54
Medicare Tax	-17.22	-120.19
WV Withholding Tax	-13.00	-299.90

Deductions Other

*Medical	-50.33	-352.31
*Dental	-9.17	-67.69
*Vision	-2.66	-19.62

Net Pay: 999.53

* Excluded from federal taxable wages

Other Benefits and Information

Information	This Period	Year-to-Date
PDO		
Carried Forward-		-22.22
Accrued LTD-		30.00
Used LTD-		32.00
Adjust LTD-		0.00
Current Balance-		-35.22

ENT CHECK # 995733

Important Notes

Employer Identification #:



CDI Corporation

CDI Corporation
 125 Lakeview Dr
 Suite D
 Cross Lanes, WV 25113

Advice Number: 000095233

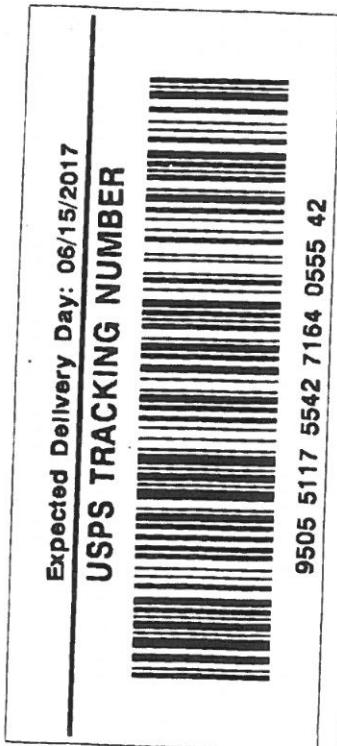
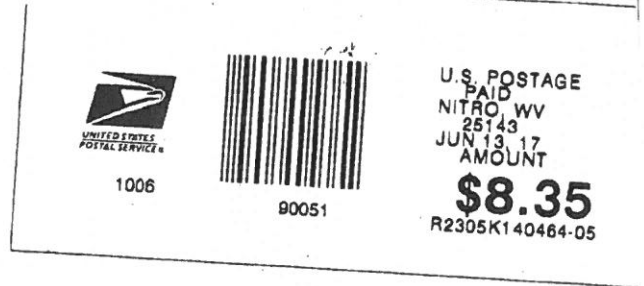
Advice Date: 03/30/2017

Deposited to the account of	Account Number	Transit	ABA	Amount
JESSICA STOLER	5120	051900366		999.53

THIS IS NOT A CHECK

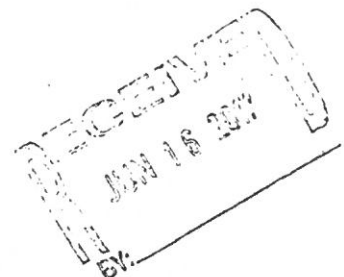
2122 21st St.
Nitro, WV
25143

DOC
M



Penny Mac
Attn: Correspondence Unit
Angela Molina
PO Box 514 387
Los Angeles, CA

90051



STOLER_PENNYMAC_000889